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ABSTRACT

This document describes new health programs with the purpose of strengthening the ways in which health care is organized and delivered in communities. These programs include the National Center for Health Services Research & Development, Community Health Service, National Health Service Corps, National Institute of Occupational Safety and Health, National Center for Family Planning Services, National Center for Health Statistics, Indian Health Service, Regional Medical Programs Service, Federal Health Programs Service, National Institute of Mental Health, Center for Disease Control, Health Care Facilities Service, Bureau of Community Environmental Management, and Maternal and Child Health Service. (MJM)

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". . . . It is the policy of the Government of the United States to provide equal opportunity in Federal employment for all qualified persons, to prohibit discrimination in employment because of race, color, religion, sex, or national origin . . ."
Executive Order 11375

INTRODUCTION

THE PHYSICIAN HAS ALWAYS accepted responsibility for what he does. He bears with pride the full weight of responsibility for his patients, and this is a responsibility of life and death in the most literal sense. But, neither he nor his professional organizations nor any other institution in our society has accepted responsibility for what the physician does *not* do—for the great numbers of people who are no one's patients.

Urgently needed today is a new commitment to these needs within the institutions of medical care that will create new foci of responsibility for these forgotten people. In this Nation that was created and shaped from revolution, this newly recognized need should not be a threat, but a challenge.

Many, though not enough, examples could be cited that indicate that new health institutions are evolving, cut to the measure of the 1970's and to this Nation's awakening awareness of uneven distribution of health services. Several programs, of very recent origin, are now underway with the purpose of strengthening the ways in which health care is organized and delivered in communities—where indi-

viduals need it. Most, although by no means all, of these new programs are aided or supported under the aegis of the Health Services and Mental Health Administration (HSMHA). This relatively new agency has a vital role to play in meeting today's and tomorrow's challenges of health care for *all* of our people.

The aim of HSMHA is to strengthen each component involved in the delivery of care. The agency is involved in partnerships with every element of the delivery system—physicians, hospitals, other community institutions and agencies, State and regional authorities, and voluntary groups. HSMHA's closely related programs are also partners with the recipients of health care who have an important role to play in assuring that they are well served.

HSMHA activities are governed by two basic principles. First, these activities must complement and support those of other portions of the national health partnership, including both the private sector and other governmental bodies—regional, State, and community. Inasmuch as health care is essentially an individual and community matter, the Federal health-care delivery agency must perform so as to encourage effective service at the point of delivery in the community. What happens in the community is the measure of success or failure.

Second, the challenges facing the health care system cannot be fragmented or compartmentalized. The many programs of this Federal health-care delivery agency—HSMHA—must be reviewed as one function. Therefore, the activities of HSMHA's components all contribute to and are inseparable from the overall HSMHA mission—to improve the organization and delivery of health services for the American people.

In fact, to be truly effective, the combined resources of several of these programs often must be focused simultaneously upon any given health delivery problem. This necessity for unified action occurs not through overlap or duplication of responsibility; but because the real problems of health care that we seek to solve require the variety of mechanisms that HSMHA, as an integral agency, possesses.

Another example of cooperative activity will be apparent in the following narrative, which describes separate HSMHA programs—that is, the teamwork of physicians and many other kinds of health personnel. The exclusive one-to-one relationship of physician and patient rarely exists today. Instead, a growing number of allied health workers as well as many other kinds of professionals are involved in this new team concept of bringing health care to people.

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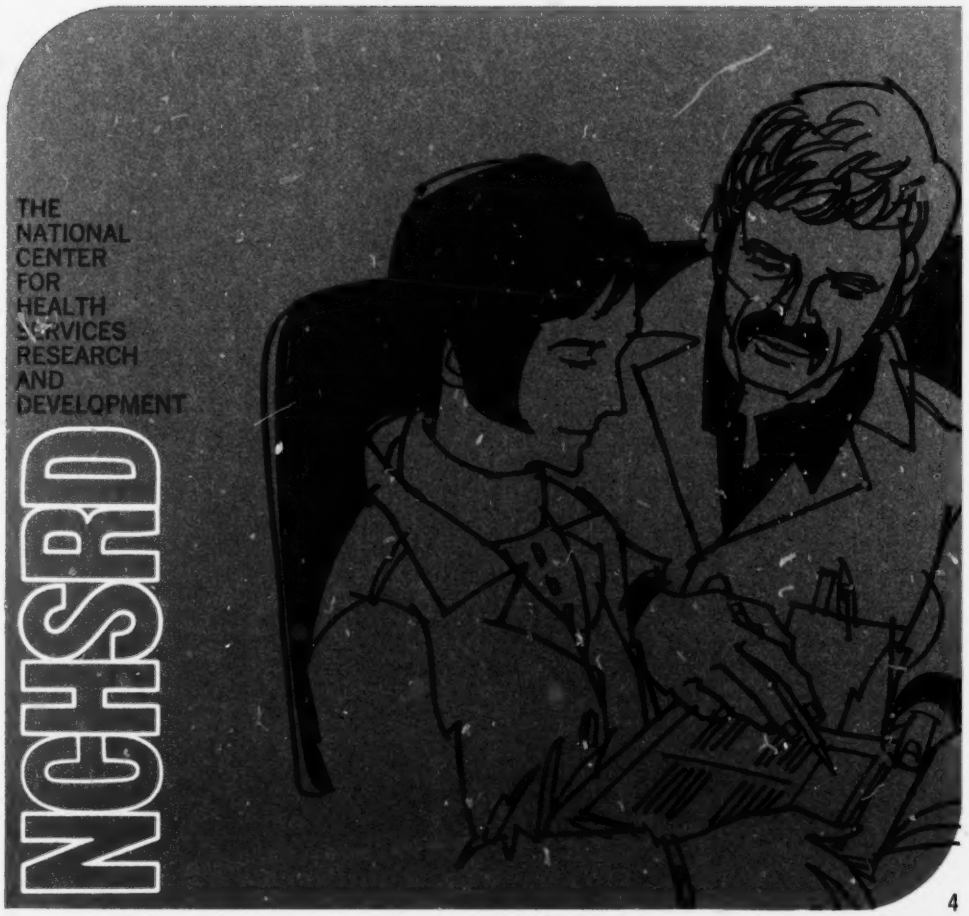
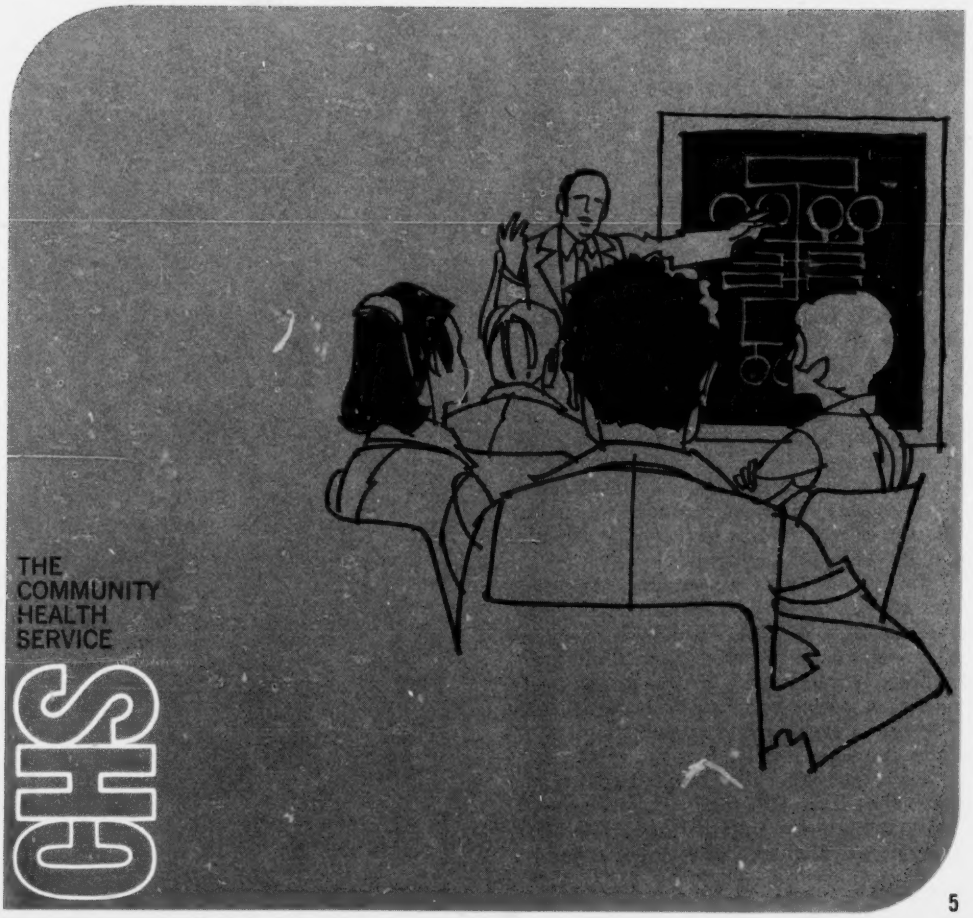


HSMHA's NATIONAL CENTER FOR HEALTH SERVICES RESEARCH AND DEVELOPMENT is responsible for research and development related to three health delivery objectives: improving access to care, moderating cost increments, and assuring maintenance of quality of personal health care.

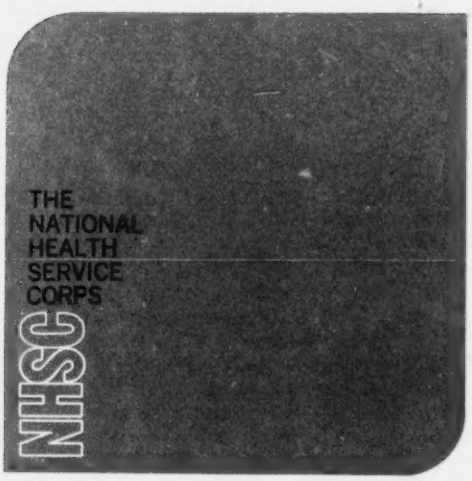
The R & D Center seeks to meet its three objectives by investigating alternatives to the present structure or *modus operandi* of health care facilities, health manpower resources, health care costs and financing, and health services data systems. In addition, the Center is supporting locally determined efforts in experimental health services delivery systems. Evaluation of total medical information systems, establishment of hospital information systems, study of automated patient monitoring techniques, as well as development and improvement of diagnostic instrumentation are ongoing efforts of the Center.

Physicians with a background in preventive medicine, community health, health services research, public health, or the social sciences will find many challenges in administrative positions at the Rockville, Maryland headquarters of the R & D Center. Responsibilities of these positions would include management and evaluation of research and development projects supported either by grants or contracts.



THE PRIMARY CONCERN OF the Community Health Service (CHS) is the organization of health resources and the delivery of health services in the most effective and economical manner. Among its major activities, the CHS administers the Partnership-for-Health program, which, through coordination with various State and area health planning agencies, seeks to define individual State community health priorities. CHS also develops, evaluates, and recommends minimum standards for health care providers under Titles XVIII and XIX (Medicare and Medicaid) and other Federal reimbursement programs. It assists extended care facilities, nursing homes, home health agencies, and hospitals to develop needed resources and to increase their capacity to provide high-quality and effective service. CHS also promotes and helps develop the group practice of medicine; it is involved in programs of comprehensive health care focused on the needs of individuals and families wherever they live.

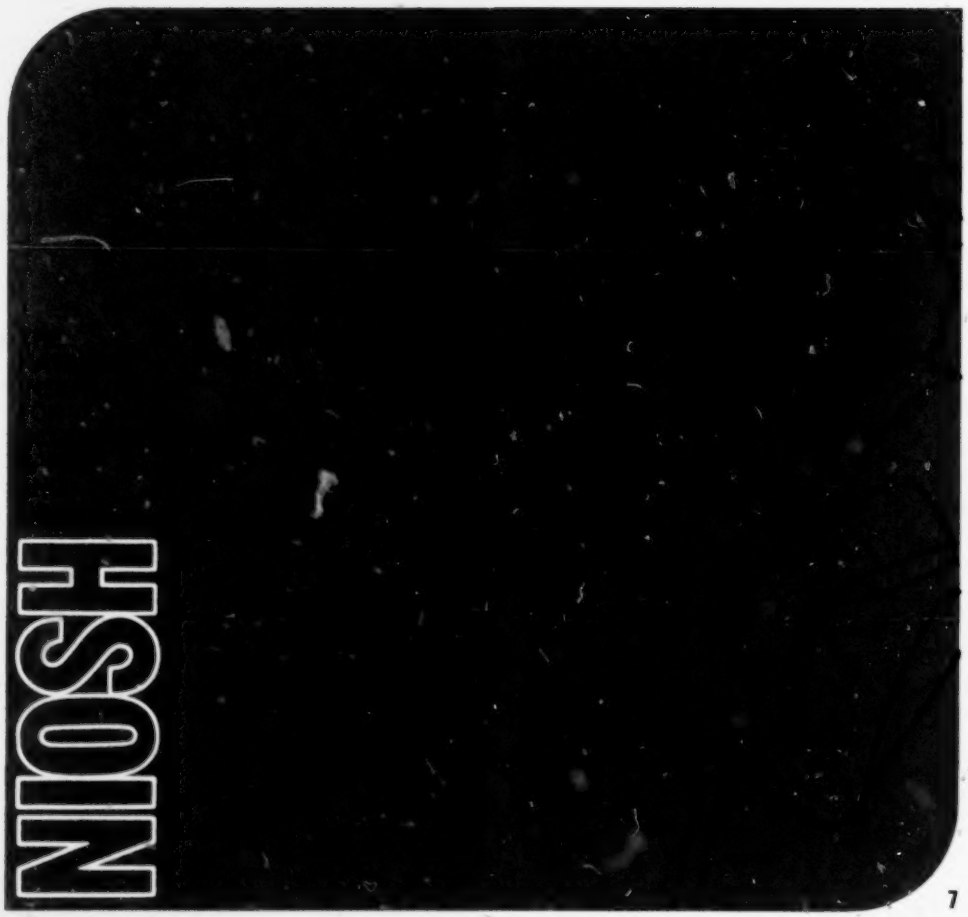
Physicians with experience or interest in community medicine, public health, medical care administration, family practice, and the social aspects of health care will find challenging opportunities in CHS. Assignments will be mostly administrative, in both the headquarters and regional offices. Clinical duties will be emphasized in an important new CHS program, the National Health Service Corps.



THE NATIONAL HEALTH SERVICE CORPS was established following the December 1970 passage of Public Law 91–623, the Emergency Health Personnel Act. This legislation authorized the assignment of Public Health Service commissioned officers and civil service personnel to areas of the country where health services are inadequate because health manpower is in critically short supply. The Corps is not designed, nor was the authorizing Act meant, to deal with the larger, more general problem of the shortage of physicians and other health personnel in the Nation. Rather, Corps efforts are aimed at alleviating many of the acute problems in specific areas.

For the most part, NHSC field operations take the form of organized community projects. A community applies to the Corps for assignment of personnel. The application is judged on the basis of demonstrated need and on the possibility that the community can, one day, develop an effective health care system. The immediate goal of this process is a Federal-community partnership, with each partner contributing to the effort according to its resources and needs.

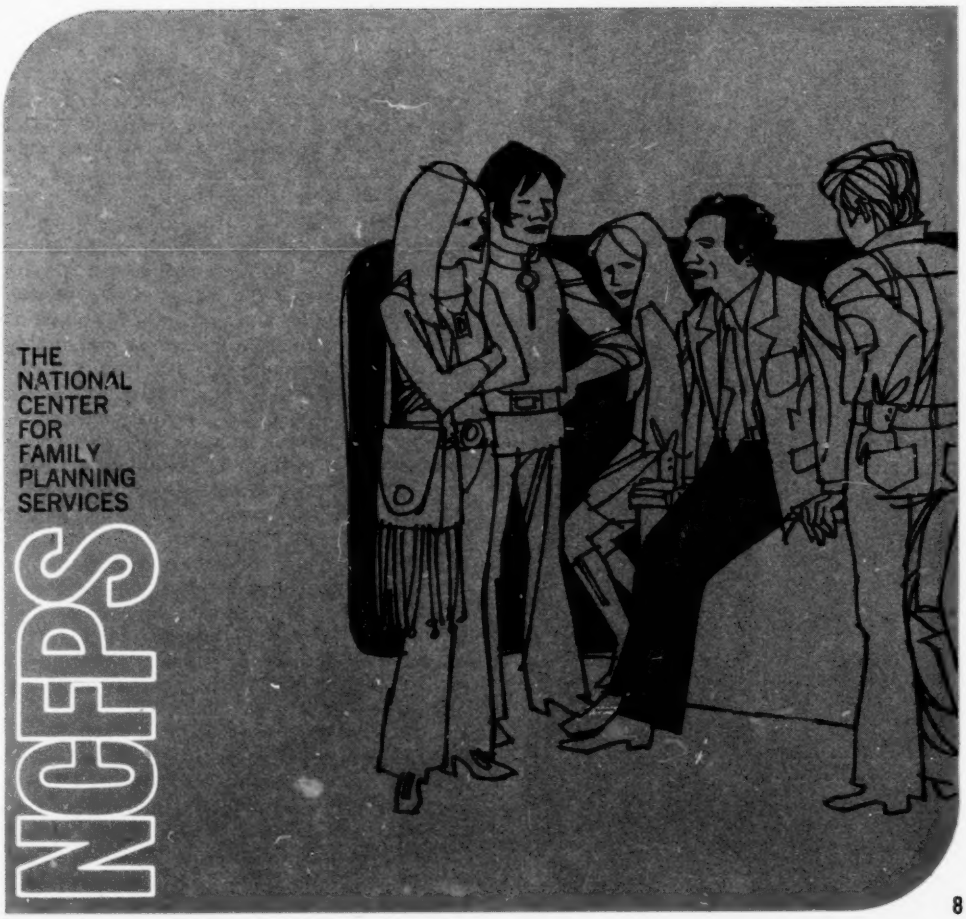
Among the kinds of personnel that the Corps assigns to critical shortage areas are physicians, dentists, nurses and such supporting personnel as physician assistants, physical therapists, optometrists, psychologists and pharmacists. Assignments are based, of course, on the area's needs and on the types of professions available locally. But, the Corps' intent, where possible, is to assign health care teams rather than individual practitioners—to make the widest range of primary health care services available in each target community.



RESEARCH STUDIES, investigations, demonstrations, consultations, and training activities directed toward the protection and improvement of the health and safety of the working population compose the broad mission of the National Institute for Occupational Safety and Health (NIOSH). The Institute provides administrative and technical consultation in strengthening State Occupational health programs, stimulating the establishment of employee health programs in industry, and fostering the maximum utilization of community resources for occupational health and safety.

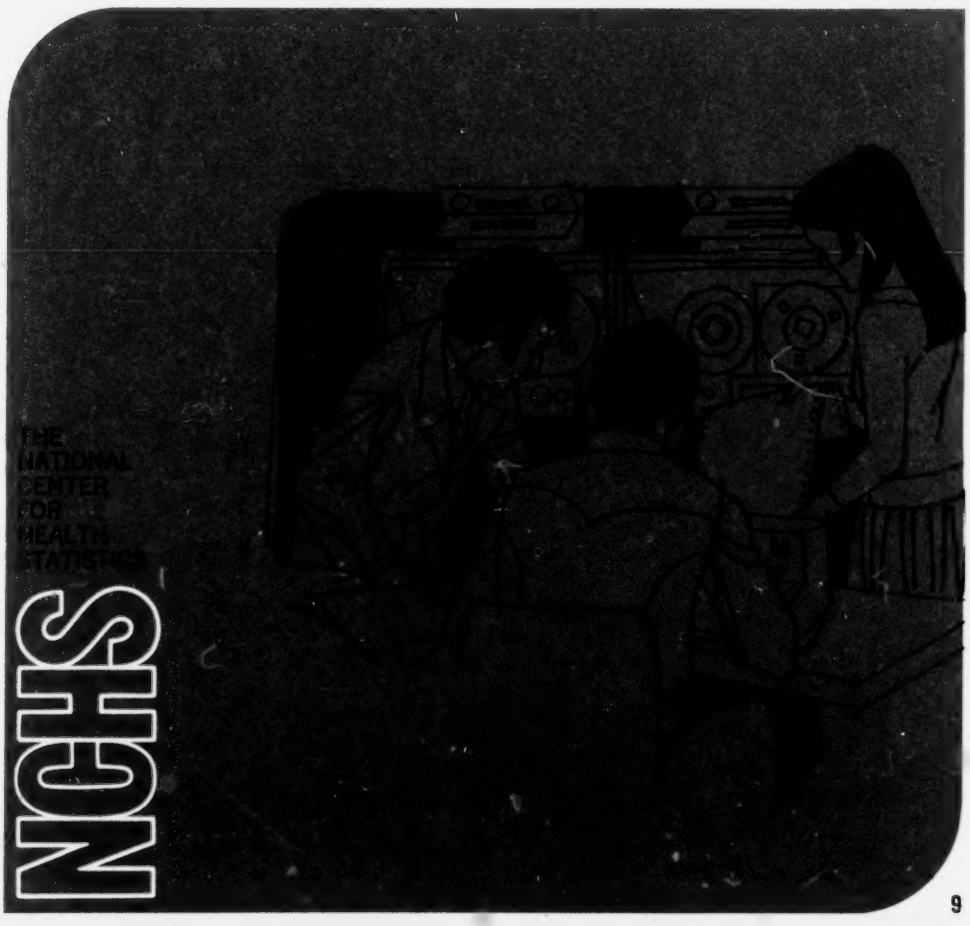
Physicians in the specialties of dermatology, internal medicine, occupational health, otology, radiology, and pathology participate in clinical investigations and consultations, research, epidemiological studies, and training activities. The problems of environmental medicine almost always require a multidisciplinary approach; and the physician works closely with toxicologists, physiologists, chemists, engineers, psychologists, statisticians, and sociologists. Of special interest, the Institute conducts an approved residency program in occupational medicine, which includes a third year in-service.

Headquarters of the NIOSH are in Rockville, Maryland; a large research and technical facility is located in Cincinnati, Ohio; a smaller field facility is maintained in Salt Lake City, Utah. The Appalachian Laboratory for Occupational Respiratory Diseases is located near the West Virginia University Medical Center in Morgantown, West Virginia.



LAUNCHED IN LATE 1969 and established by law in December 1970, the National Center for Family Planning Services (NCFPS) is charged with responsibility for providing educational, comprehensive medical, and social services necessary to enable individuals to determine freely the number and spacing of their children. The legislation specifies that family planning services are to be provided to all Americans who desire them. Priority is assigned to programs furnishing such services to persons from low-income families; because, heretofore, access to these resources has been largely unavailable to them.

A physician of any specialty could qualify to serve as either a Family Planning Director or Program Management Officer in a Regional Office or as a Medical Consultant at Headquarters, which is in Rockville, Maryland.



GOVERNMENT, INDUSTRY, AND THE HEALTH PROFESSIONS use the data collected and disseminated by the National Center for Health Statistics (NCHS) in many ways—including research, teaching, evaluation of current health care systems, and planning of new programs. To obtain data related to health status and to the availability and utilization of health care resources, the NCHS conducts a number of surveys. Some are based on health interviews and studies of medical and vital records; others, on a continuing program of health examinations.

In the current Health and Nutrition Examination Survey (HANES), the Center is collecting data on the nutritional status of the U.S. population and further information on health status and medical care needs of adults. Examinations are given in mobile Health Examination Centers, which consist of specially equipped trailers that are stationed for approximately one month in varied locations across the Nation.

Physicians are involved in almost every aspect of HANES. These include orientation, training, and technical supervision of personnel in the mobile centers; making preliminary arrangements related to surveys with various professional groups; analysis of data, report writing, and publication of findings; and planning for future studies.

HANES needs physicians with at least one year of medical residency in the fields of study closely related to the operation and objectives of HANES including pediatrics, internal medicine, preventive medicine, epidemiology, and public health.

THE
INDIAN
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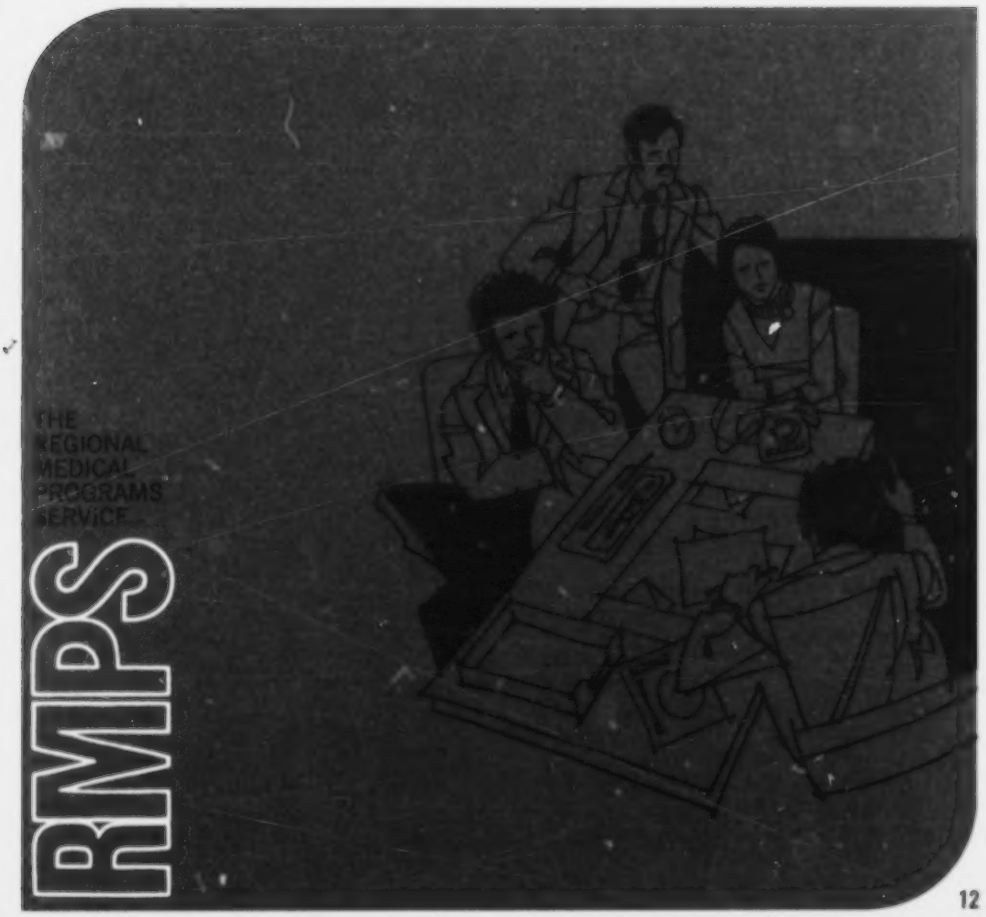
SINCE 1955, THE INDIAN HEALTH SERVICE has been responsible for health services for Indians. At that time, Congress transferred this responsibility from the Bureau of Indian Affairs to the U.S. Public Health Service; but the problems then differed greatly from those of today. The initial program priorities were to increase medical staff, improve facilities, and expand services by concentrating on the immediate curative treatment needs; but, at the same time, initiating preventive measures that would reduce death and disease rates and would increase life expectancy. As a result of continued and increasing Congressional support, assistance from numerous private and governmental agencies, and cooperation of the Indian and Alaska Native people, substantial progress has been made in meeting these priorities.

At present, the Indian Health Service operates a complete comprehensive health services delivery system to almost half a million people in 23 States through 51 hospitals and 70 health centers. Three of the hospitals—in Gallup, New Mexico; Phoenix, Arizona; and Anchorage, Alaska—are 200-bed facilities with complete specialty services and are used as referral medical centers for nearby small reservation hospitals. The majority of the other hospitals are smaller—25 to 55 beds—and are staffed with three to five physicians.

Physicians who have finished their internship are sought for positions in the Indian Health Service. Patient care activities are comprised of pediatrics—about 50 percent; general medicine—about 40 percent; the remaining 10 percent involves surgical preoperative diagnosis, surgery, postoperative care, acute trauma, simple orthopedics, and routine obstetrics.

Additional specialty training such as pediatrics, psychiatry, orthopedics, and preventive medicine can be obtained from affiliated residency programs at Anchorage, Alaska, and Phoenix, Arizona, as well as from the Mental Health Career Development and Federal Health Programs and an in-service preventive medicine residency program. A general practice residency at the Gallup hospital is being converted to a family practice residency. In addition, physician training in many specialties of need is subsidized by the Indian Health Service in its career development program.



REGIONAL MEDICAL PROGRAMS (RMP) operate as new types of orga 'zations created by Federal funds in 56 autonomous regions covering the entire Nation. Each program constitutes a cooperative arrangement among representatives of the health establishment of each region and includes both providers and recipients of health care. The 56 regions cover a spectrum of population areas from a single metropolitan cluster through single States to combinations of States. The programs' operational activities are consistent with the needs of the individual regions, which are met through appropriate training and demonstration projects.

Authorized by Congress in 1965, RMP's are involved with regionalizing resources for the diagnosis and treatment of heart disease, cancer, stroke, kidney disease, and related diseases, as well as improving the overall health delivery system. Among government programs, RMP's are unique; they are primarily linked to and work with the providers of health care, especially practicing health professionals. Furthermore, Regional Medical Programs represent, essentially, a voluntary approach that draws heavily upon existing health resources.

Duties of physicians assigned to RMP are mostly administrative; but a portion may include clinical experience at nearby university hospitals. Internal medicine, family practice, and community medicine are the clinical specialties generally sought for these assignments. Those interested in problems of medical care and in the organization of health services are also encouraged to apply.

THIS HSMHA PROGRAM PROVIDES medical care for Federal beneficiaries, which include American Merchant Seamen, active duty and retired Uniformed Services personnel, and their dependents. Employees of the Federal Government are treated for job-related conditions.

The Federal Health Programs Service operates eight general hospitals, a hospital for leprosy patients, and 30 outpatient clinics. The general hospitals are in Boston, Massachusetts; Staten Island, New York; Baltimore, Maryland; Norfolk, Virginia; New Orleans, Louisiana; Galveston, Texas; San Francisco, California; and Seattle, Washington. The hospital sizes range from 160 to 636 beds.

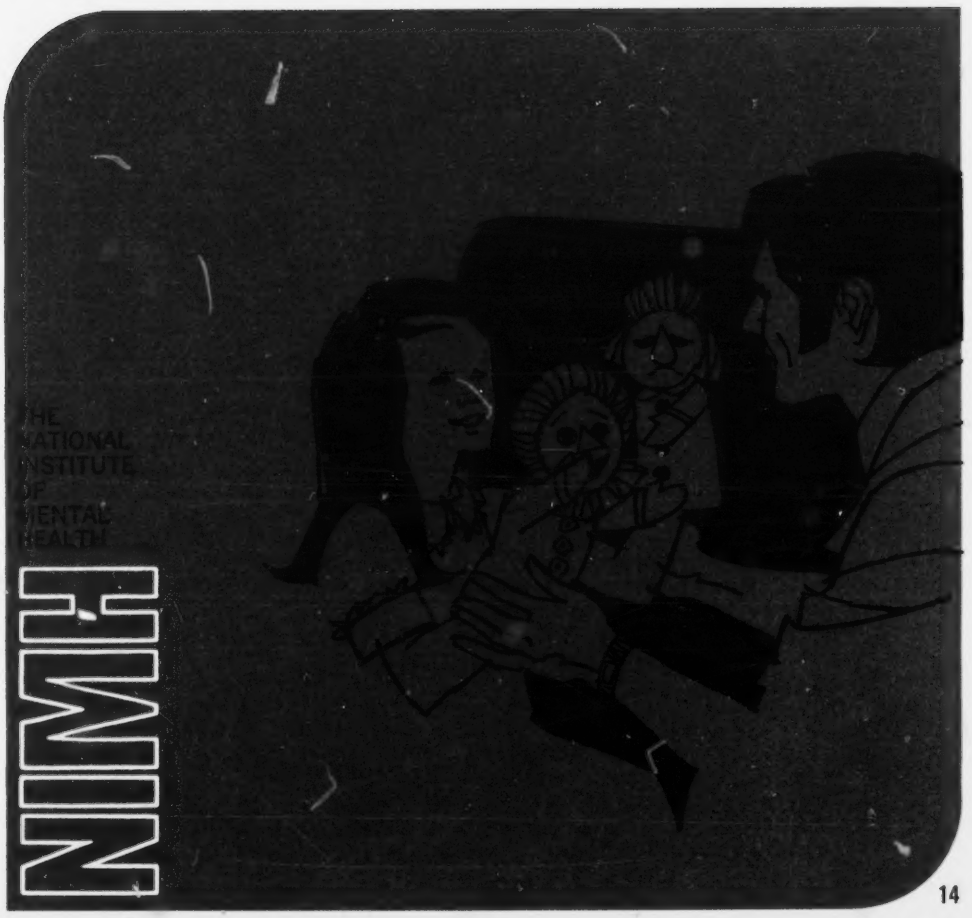
The hospital system has extensive programs in research; among the important research projects are studies in cancer chemotherapy, renal diseases, space medicine, nuclear medicine, mental health, and cardiovascular disease.

Most Public Health Service hospitals have long been qualified as teaching institutions. Graduate medical education is conducted by board-certified chiefs of service,

aided by qualified assistant chiefs, staff members, and outstanding consultants from nearby medical schools and major hospitals. Residency training is conducted in anesthesiology, dermatology, internal medicine, general surgery, orthopedic surgery, ophthalmology, otolaryngology, obstetrics-gynecology, pathology, physical medicine and rehabilitation, and preventive medicine.

In summary, physicians are offered an opportunity to serve in a medical care delivery system appropriate to their level of training. Opportunities range from outpatient-clinic duty to highly sophisticated university-affiliated patient care, teaching, and research.

Concurrently with or after advanced residency training, many qualified medical officers are supported in either intramural fellowship specialty training such as nephrology and nuclear medicine or in extramural training such as neurology, cardiology, or other subspecialties.



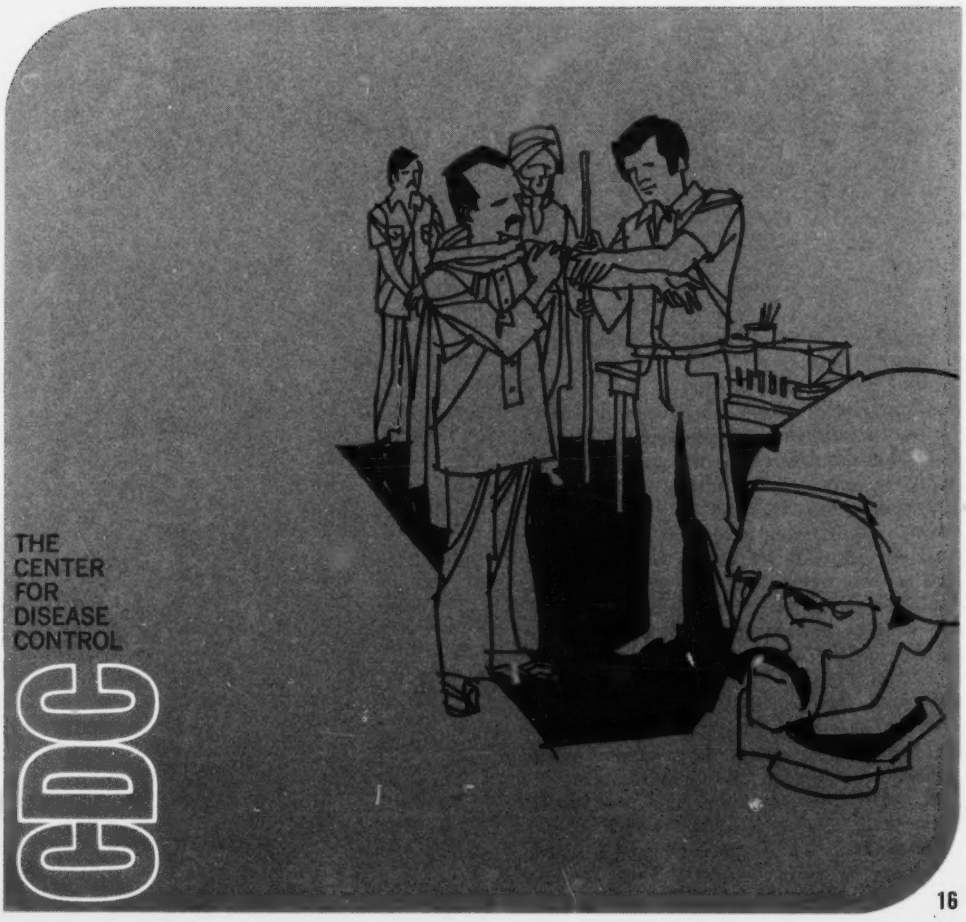
THE NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH) is the Federal partner in a nationwide alliance of States, communities, institutions, and mental health professionals. NIMH programs provide financial support and technical assistance for activities at every level of this alliance.

Among the problems and issues of interest to NIMH are school mental health, aging, community mental health, crime and juvenile deliquency, alcoholism, memory, schizophrenia, behavior problems, suicide, public education, metropolitan problems, narcotic and drug abuse, personality disorders, mass violence, children's mental health, poverty and mental health, family and marital problems, and mental hospital improvement. Among the disciplines employed against these problems are psychiatry, psychology, biochemistry, neurophysiology, neurobiology, and psychopharmacology.

A career position at NIMH—in one of its programs combating mental illness on a national scale through primary prevention—offers the opportunity for utmost challenge and fulfillment for both the experienced and the new psychiatrists.

As a psychiatrist on the staff of the National Institute of Mental Health, your assignment may include responsibilities and opportunities for administrative duties in research support programs, in community mental health center development, in mental health training support programs, and in epidemiological studies. Clinical duties will consist of directing and providing care and treatment of patients involved in research studies or under care as well as conducting basic, clinical, and applied research.

The majority of NIMH psychiatrists have positions at the Rockville, Maryland, headquarters or at one of the three other locations in the Washington metropolitan area. Assignments may also be the Clinical Research Center in Lexington, Kentucky, or in metropolitan area field offices where the Narcotic Addict Rehabilitation Act is being implemented. Others may be assigned to the Department's ten regional offices.



THE CENTER FOR DISEASE CONTROL (CDC) is the Nation's center of competence for preventing and controlling infectious diseases. Other disease control activities and nutrition studies are also a part of its mission.

CDC's principal mission is to help State and local health departments and other health-related organizations stem the spread of infectious and certain other diseases within and among the States. Its foreign quarantine activities seek to prevent the introduction of disease from abroad. In cooperation with the Department of State and the World Health Organization, the CDC contributes to the health of people throughout the world by participating in global programs to eradicate malaria, smallpox, measles, and malnutrition and by providing technical personnel and services in severe health emergencies.

CDC employs about 3,000 persons. Almost one-half are located at the Atlanta headquarters, 1600 Clifton Road, N.E., Atlanta, Georgia 30333. The remainder are assigned to field stations in several States and Puerto Rico, to local or State health departments, or are stationed abroad on special projects. Many are internationally recognized experts.

The Epidemic Intelligence Service (EIS) provides the staff necessary to investigate and control epidemics in this Nation and overseas and to conduct surveillance of communicable diseases of national importance. Most EIS officers are assigned to State health departments where they participate in a wide variety of communicable disease control programs, especially those concerned with the interstate spread of disease and immunization activities. Others are stationed in Atlanta where they are

responsible for conducting surveillance activities on communicable diseases of national and international importance such as malaria, salmonella, hepatitis, and influenza. Other assignments include the application of epidemologic methods to leukemia, congenital malformations, drug abuse, heavy metal poisoning, and family planning evaluation.

Medical officers of the foreign quarantine program perform health inspection of international travelers, ships and airplanes and control the importation of certain animals and etiologic agents.

The physician assigned to the Laboratory Division (through the CORD Program) becomes a critical member of a laboratory team composed of microbiologists, biochemists, chemists, hematologists, veterinarians, and physicians. His medical training and the clinical and laboratory experience gained through internship and residency enable him to contribute uniquely to the research team effort.

The Laboratory Division also serves as a national and international reference center for the identification and typing of pathogenic organisms, and this diagnostic service provides the physician with access to a source of clinical specimens unmatched in this country. Finally, the Laboratory Division is the primary national laboratory facility supporting the Clinical Laboratories Improvement Act of 1967. Under this Act, clinical laboratories engaged in interstate commerce are licensed after evaluation of their personnel, facilities, quality control, and satisfactory performance in a proficiency testing program.

The role of the physician is critical at this particular time when traditional standards of nutrition are being reconsidered in terms of human functions. Medical officers will play a key role in relevant interpretation of public health programs' nutritional components, to the satisfaction of both the medical professions and the consumer public.

CDC Headquarters staff is responsible for surveillance and investigation of all suspect cases of smallpox in the United States, of the use of smallpox vaccine and post vaccinal complications, and for research activities relating to smallpox and vaccination. The headquarters staff also directs the West African Smallpox Eradication/Measles Control Program, which provides advice and assistance to 21 West African countries. Medical epidemiologists and nonmedical operations officers are assigned to the Ministries of Health of host governments as technical advisors to assist in planning, organizing, and executing the programs.

Assignments in Africa are for two or more years. Positions as medical epidemiologists are available for physicians in both English and French-speaking countries. Positions as operation officers are available for nonmedical personnel with administrative or public health experience. Physicians are not assigned to the smallpox eradication program during the two-year period of Selective Service obligation. However, assignments are available following the initial two years of active duty.

CDC is responsible for the national program to control and eventually eradicate serious diseases for which specific measures are available. These diseases fall into three categories: those to which children are especially susceptible unless protected through immunization, such as polio, measles, diphtheria-tetanus-pertussis, and rubella; tuberculosis and other respiratory diseases; and the venereal diseases, including syphilis and gonorrhea.

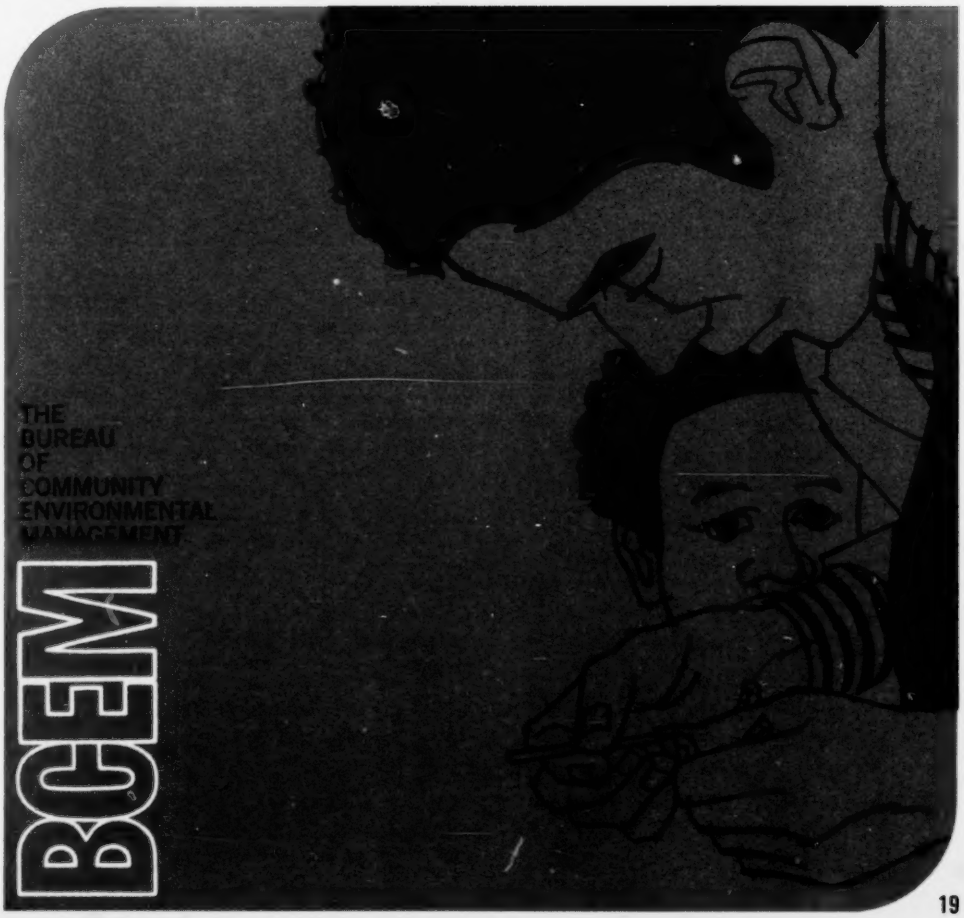
The medical officer devotes his time to epidemiology on a broad scale. He plans and implements immunization activities in cooperation with health department officials. Other officers are located in Atlanta with responsibilities in surveillance of certain communicable diseases and in conducting field studies relating to questions in immunization practice (evaluation of new vaccines, etc.).

Medical officers may be selected to assist in tuberculosis activities in Atlanta, Georgia, or for assignment to the Research Section in Rockville, Maryland. Some assignments entail field work in cooperation with other Public Health Service Programs.

Medical officers are chosen for administrative assignments or as clinical research coordinators in venereal disease control. Opportunities are offered in medical administration, teaching, training, and in the development of clinical diagnostic and therapeutic studies in cooperation with State, county, and city health departments across the country. Medical officers with previous training or aptitude for research are assigned to the laboratory under the supervision of senior investigators. Clinical research coordinators are assigned to various areas throughout the Nation where CDC is conducting clinical studies in conjunction with local health authorities.

THE HILL-BURTON PROGRAM, which since 1946 has been the principal instrument for Federal support for the construction and modernization of public and private nonprofit health facilities, is administered by the Health Care Facilities Service (HCFS).

In HCFS, physicians occupy administrative positions, but these are very limited in number. Disciplines that are currently reflected in the consultative assistance program include hospital administration, nursing, pharmacy, dietetics, environmental health, health education, architecture, engineering, and equipment planning.



THE FOCAL POINT FOR environmental health activities in HSMHA is the Bureau of Community Environmental Management (BCEM). BCEM programs are concerned with control of lead poisoning in children, insect and rodent control, health aspects of housing, as well as recreational and general sanitation. The Bureau also deals with injury control—including burns, carbon monoxide poisoning, falls, and automobile safety. A major program is the Neighborhood Environmental Evaluation and Decision System—NEEDS, which is a comprehensive system dealing with both the physical and social dimensions of the human living environment as well as the health and social well-being of its residents.

Young physicians in the medical specialties of internal medicine, pediatrics, and public health would have the opportunity to help develop human ecology centers for areas such as the Arctic and the sub-Arctic, the semi-arid Southwest, and Appalachia. BCEM has a staff nucleus for an urban ecology center at Cincinnati, Ohio. Research laboratories are already located at Cincinnati, Ohio; Fairbanks, Alaska; and Providence, Rhode Island; another is contemplated at Morgantown, West Virginia, to serve the Appalachian region.

THE MATERNAL AND CHILD HEALTH SERVICE (MCHS) administers formula grants to the States and special project grants for maternal and child health and crippled children's services—including preventive health activities for mothers and children as well as diagnosis, treatment, and correction or amelioration of crippling conditions of children.

Fifty-five projects are providing comprehensive maternity care and health care of infants during their first year of life in low-income families who would not otherwise receive health care. High-risk infants, born with conditions detrimental to their normal growth and development, are provided specialized care in six additional projects.

Fifty-nine projects are aimed at preschool and school-age children in geographical areas with concentrations of low-income families; the health status of these children is continuously supervised, and their health defects are corrected or ameliorated. Another six projects provide dental health care for this same target population. In general, experienced physicians are sought for these administrative positions.

BOTH DIVERSITY OF PROGRAMS and unity of mission is apparent in HSMHA activities. The impact of these activities is significant in terms of human lives prolonged, quality of life enhanced, and health restored. This is so, because the ultimate aim of these combined efforts is always the same—better care for the patient.

FOR FURTHER INFORMATION and application forms, write to Director of Personnel, Physician Recruitment Coordinator, Room 13A-29, Parklawn Building, Rockville, Maryland 20852.

HSMHA

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Services and Mental Health Administration

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